



"People  
helping people  
help  
themselves"

Frank O'Bannon, Governor  
State of Indiana

*Division of Disability, Aging and Rehabilitative Services*  
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INDIANAPOLIS, IN 46204-2739

John Hamilton, Secretary

To: Interested Parties

From: Alison Becker, Director, Fiscal Services  
Steve Cook, Director, Developmental Disabilities Services

Date: March 18, 2002

Re: DD Waiver Bulletin 13: ICF/MR Level of Care Determinations for DD and Support Services Waivers

Below is important information regarding ICF/MR Level of Care (LOC) determinations for the Medicaid Home and Community-Based Waiver for Persons with Developmental Disabilities (DD Waiver) and the Support Services Waiver. An amendment is being submitted to the Centers for Medicare and Medicaid Services to change where LOC determinations can be made. Furthermore, this is clarification of the documents required to do LOC determinations for these two Waiver programs.

1. "Routine" and "non-routine" LOC determination classifications no longer exist effective 3/1/02, for the DD Waiver. Nor will the Support Services Waiver, which will go into effect on 4/1/02, distinguish between routine and non-routine. (The Autism Waiver does distinguish between "routine" and "non-routine" effective immediately.)
2. All level of care determinations and redeterminations for the Support Services Waiver and the DD Waiver will be made by either:
  - a. The Bureau of Developmental Disabilities Services (BDDS) Service Coordinator/Qualified Mental Retardation Professional (QMRP), if the person is eligible as DD but not a Medicaid recipient; or

Equal Opportunity / Affirmative Action Employer



- b. The Ongoing TCM/QMRP, if the person is eligible as DD and a current Medicaid recipient;

**EXCEPT WHEN:**

- a. The targeted individual is a child under age 5; or
- b. The targeted individual is a current resident of an ICF/MR who has been cited by Department of Health surveyors with the W-197 or W-198 tag.

The Initial LOC determination for children under age 5, and individuals cited by Department of Health surveyors, will be made by The Office of Medicaid Policy and Planning (OMPP).

- 3. The effective date for this change is March 1, 2002. All LOC packets received at OMPP on or after March 1, 2002, and not requiring OMPP determination are to be returned to the BDDS District offices. If the LOC packet had been submitted from an Area Agency on Aging or an independent Targeted Case Manager (TCM), the BDDS offices will send the packets back to the TCM.
- 4. Necessary changes will be made to the INsite and DART software to allow LOC determinations to be made.
- 5. The following information is required to make a Level of Care determination in the field (current requirements still apply for cases sent to OMPP for a determination):
  - a) Form 450 B, signed and dated by a physician within the past year;
  - b) **Complete** Developmental Disabilities Profile (DDP) completed within the past year with a score of 28 or higher. All information **MUST** be completed on the DDP for a LOC determination to be made. (No blanks on the form are allowed.)

Because the DDP takes a variety of factors into account when scoring, the following information is not required unless the QMRP needs it to make a LOC determination:

- a) Psychological records including I.Q.score;
- b) Social assessment records;
- c) Medical records; and/or
- d) Additional records necessary to have a current and valid reflection of the individual.

Again, for LOC determinations being made by OMPP, all information listed in number 5. Above, and the Transmittal Form for Medicaid Level of Care Eligibility (HCBS Form 7) are still required. **The routine and non-routine distinctions remain in place for the Autism Waiver at this time.**

Thank you for your help in this matter. Please contact Steve at 317/233-3828 or Alison at 317/234-1527 if you have further questions or need additional clarification.